Effective October 1, 2000 09/709989												1	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER		
TOTAL CLAIMS			20				F	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0		>	(\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			mi	inus 3 =	· _	>	(40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT								 135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						<u> </u>	OTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II								JIAL	L	On		THAN	
(Column 1)					(Column 2) (Column 3)			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
ENT A	F	CLAIMS REMAINING AFTER MENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total •	$\ll \chi_{\sim}$	Minus	2		= 8	×	\$ 9=	72	OR	X\$18=		
	Independent • Minus			***	4	= (1)	×	40=		OR	X80=		
	FIRST PRESENTA	ATION OF MU	JLTIPLE DEF	PENDENT	CLAIM]	135=		бя	+270=		
	•							TOTAL	Mic		TOTAL		
	(0	Column 1)		(Colur		(Column 3)		IT. FEE	1	, '''	ADDIT. FEE	·	
AMENOMENT B		CLAIMS REMAINING AFTER MENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total •	26_	Minus	/	4	=	×	\$ 9=\		ŔΒ	X\$18=		
	Independent • FIRST PRESENTA	TION OF ML	Minus	···	CLAIM	=-	X	40=		OR	X80=		
						anv	J	35=		OR	+270=		
Best Available Copy								TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE		
	0 0 1 0	Column 1)		(Colun		(Column 3)							
AMENDMENT C		CLAIMS IEMAINING AFTER MENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total •	1 8	Minus	}	8	= /	X	9=	/	OR	X\$18=		
MEI	Independent •	Y	Minus	•••	7	=		40=	$\overline{/}$		X80=		
4	FIRST PRESENTA	TION OF ML	ILTIPLE DEP	PENDENT	CLAIM		<u> </u>			OR			
1. If the actor is actors 4 in feet that the actor is actors 0. With \$48 in act.								35=		OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE													
	The "Highest Number I	Previously Paid	For (Total or	independe	ent) is the	nighest numbe	er found in	ine app	ropriate box	in coli	umn 1.	ľ	

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number